

# FEC FORM 2

## STATEMENT OF CANDIDACY

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

FILED 21 MAR 10 40

1. (a) Name of Candidate (in full) <b>THAD COCHRAN</b>		
(b) Address (number and street) <b>386A HWY 7 SOUTH</b>		2. Candidate's FEC Identification Number <b>S8MS00055</b>
(c) City, State, and ZIP Code <b>OXFORD, MS 38655</b>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <b>REPUBLICAN</b>	5. Office Sought <b>U.S. SENATE</b>	6. State & District of Candidate <b>MS 00</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>CITIZENS FOR COCHRAN</b>
(b) Address (number and street) <b>P.O. BOX 7183</b>
(c) City, State, and ZIP Code <b>TUPELO, MS 38802- 7183</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

Date

*Thad Cochran*

*Feb. 12, 2014*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
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# United States Senate

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